

Quality Pet Care, LLC
Dentistry Consent Form

Client's Name: _____ Patient's Name: _____

This form gives clear understanding of the process involved in cleaning your pet's teeth. Please be aware of the following facts:

1. A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic.
2. Incidental findings, such as tumors, abscessed tooth roots, periodontal (gum) disease, or cracked teeth are not uncommon.
3. It is frequently necessary to change our treatment plan once the pet is anesthetized.
4. Decisions about how to treat a particular problem are highly dependent on your dedication to follow-up care, the potential costs involved, anesthetics, and the relative anesthetic risk.
5. Certain specialized procedures (i.e., crowns and root canals) are not provided at our facility but are available through veterinarians who specialize in dentistry. These procedures are usually comparable in cost or more expensive than the same procedures in people. We can refer you to a veterinary dental specialist for follow-up care if you desire.
6. Certain disease processes are progressive, and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future.
7. The removal of some teeth may result in unavoidable but uncommon consequences, such as jaw fractures or the inability of the pet to keep its tongue in its mouth.

In order to minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with our trying to contact you to discuss your wishes; or worse yet our being unable to contact you at a crucial decision-making point. In such cases, we will make the decisions based upon our veterinary knowledge and our values as if we were treating our own pets.

If you have any questions about the general anticipated degree of dental/oral work anticipated on your pet, please feel free to ask the doctor prior to proceeding.

Please read and Initial ONE appropriate box below:

____ Please do any and all procedures you deem necessary to treat current problems and to minimize any pain my pet might experience in the future from ongoing dental disease.

____ Please do any and all procedures you deem necessary, but do not exceed _____ (dollar amount) without contacting me.

____ Please do **NOT**, under any circumstances, proceed with anything more than a routine cleaning.

____ I would be interested in pursuing specialized care and would like a referral set up by the doctor (if deemed necessary).

Signature: _____ Date: _____